

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040578

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 244

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Chillicothe

Length of stay in lb
12 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Chillicothe hospital

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston

c. CITY OR TOWN Chillicothe

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
336 Jackson St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
Clifford Jay Hamilton

4. DATE OF DEATH
Month Day Year
Oct. 27, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
4/19/14

9. AGE (last birthday)
49

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Taxi cab driver

10b. KIND OF BUSINESS OR INDUSTRY
Taxi co.

11. BIRTHPLACE (City and state or country)
Dawn, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Guy P. Hamilton

13b. MOTHER'S MAIDEN NAME

Geneva Kester

14. NAME OF HUSBAND OR WIFE

xx

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No xx

17. INFORMANT
Guy Hamilton, Chillicothe, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Concussion Severe

INTERVAL BETWEEN ONSET AND DEATH

12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Auto accident - Front Skull

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto accident - Corbett Bridge -

20c. TIME OF INJURY
Hour a.m. Month, Day, Year
2:00 Oct 27 63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway 65

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Livingston Co Mo

21. I attended the deceased from 10-27-63 to 10-27-63 and last saw her/him alive on 10-27-63
Death occurred at Chillicothe Mo 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W D Vandiver M.D.

22b. ADDRESS

Chillicothe Mo

22c. DATE SIGNED

10-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Oct. 29, 1963

23c. NAME OF CEMETERY OR CREMATORY

Wheeling cemetery

23d. LOCATION (City, town, or county)

Wheeling, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Gordon, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Oct 28, 1963

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10595

20595

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059

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NOV 13 1966

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard W. Randall

Licensed Embalmer No.

4866

P. O. Address

Chillicothe, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.